Effective October 1, 2003 OG/ 17/062													
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY		OTHER THAN OR SMALL ENTITY		
	OTAL CLAIMS							RATE	FEE		RATE	FEE	
F	OR ·		NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	O OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	minus 20=		•			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	CLAIMS	27	ninus 3 =	•		X43=		 	-1	You		
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT						 	OR			
1	If the difference in column 1 is less than zero, enter "0" in column 2						'	+145=		OR	L		
	Portone of In Part Spee one						Ly	TOTAI	- L	OR			
(Column 1) (Column 2) (Column 3) SMALL ENTITY O								OR	OTHER SMALL				
DMENT A	1/29/01	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
45	Total	. 1	Minus	0	0	Ξ		X\$.9=			X\$18-		
AME	Independent	. 2	Minus	***	3	=		X43=			X86≈		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1		 	OR			
+145= TOTAL									OR	+290=			
ADDIT, FEE OR ADDIT, FEE													
AMENDMENT B	9/24/03	CLAIMS REMAINING AFTER HIGH NUM PREVIO		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total /	• /	Minus	-20	<u> </u>	=		X\$ 9≃		OR	X\$18=		
AME	Ind pendent	+ 2	Minus		3			X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		ا _ن ا	TOTAL		
	ADDIT. FEEOH ADDIT. FEE _												
AMENDMENT C	17/21/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST EA JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE] . [RATE	ADDI- TIONAL FEE	
NDV	Total	•	Minus	-20)	=		X\$ 9=		OR	X\$18=		
ME	Independent	· 2	Minus	*** 3		=	+	X43=		1			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF								OR	X86=				
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-875 (Rev. 10/03) Patent and Trademath Office U.S. DEPARTMENT OF COMMERCE													

Application or Docket Number

Sheet 072 Street 072 1/ 12/05

Patent and Trademeth Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 (1/77/062													
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								YTITM	OR		R THAN ENTITY	
Ľ	OTAL CLAIMS	······································		<u></u>				RATE	FEE	7	RATE	FEE	
F	OR ·		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	minus 20=		٠			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	7	ninus 3 =	*	X43				OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT				+145=	<u> </u>	OR	+290=			
* (the difference	- 1			┪⋰	L							
	* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL												
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
DMENT A	2/22/03	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	. 7	Minus	2	0	=		X\$ 9=	in the state of th		X\$18-		
ME	Independent	1. 2	Minus	****)	E		X43=			X86≃		
[FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM				A43=	· · · · · · · · · · · · · · · · · · ·	OR	790≈		
								+145=		OR	+290=		
						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE			
, , , , , , , , , , , , , , , , , , ,	(Column 1) (Column 2) (Column 3)									_			
AMENDMENT B	1/1/05	CLAIMS REMAINING AFTER AMENDMENT	i.	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q.	Total	• 1	Minus	-20	<u> </u>	=		X\$ 9=		OR	X\$18=		
AM	Ind pendent	* J	Minus		3	=		X43=		OR	X86=		
	rinoi Prese	NTATION OF MI	JUIPLE DEI	PENDENT	CLAIM		▎▐	.145	· · · · · ·				
							L	+145=		OR	+290=		
•										OR A	TOTAL DOIT, FEE		
	`	(Column 1) CLAIMS	T	(Colum HIGHE		(Column 3)	_			-			
MENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S S	Total	*	Minus	**		± .		X\$ 9=		OR	X\$18=		
姜儿	Independent	•	Minus			=	_			-			

FORM PTO-875 (Rev. 10/03)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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OR

OR

X86=

+290=

OR ADDIT. FEE

Application or Docket Number

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

X43=

+145=

ADDIT. FEE

TOTAL